



**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES**

Outcomes Framework Data Dictionary

Created January 2011

Introduction

The ADHS/DBHS Outcomes Dashboard Data Dictionary is designed to provide a resource to the dashboard user on the methods used to calculate the data included in the Dashboard and Scorecard. Each measure included in the Dashboard and Scorecard categories is included in this guide with details on where ADHS/DBHS extracts the data, how the data is collected and calculated by ADHS/DBHS as well as the step by step instructions for replicating ADHS/DBHS' calculations.

ADHS/DBHS' intent is that the specifications contained in this dictionary will not only promote the reader's understanding of the Outcomes Dashboard measures, but also how the published results for each outcome are computed and allow the Dashboard user to duplicate ADHS/DBHS' processes.

These methods are also referenced in the ADHS/DBHS Bureau of Quality Management Operations (BQMO) Specifications Manual and the ADHS/DBHS Demographic User's Guide (DUG).

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ACCESS TO CARE

ROUTINE APPOINTMENT FOR ONGOING SERVICES WITHIN 23 DAYS OF INITIAL ASSESSMENT (ASSESSMENT TO FIRST SERVICE)

DESCRIPTION

Routine appointments for ongoing services are received within 23 days after the initial assessment.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services
AHCCCS – Arizona Health Care Cost Containment System
BHR – Behavioral Health Recipient
C/A – Child and Adolescent
CIS – ADHS Client Information System
DD – Developmentally Disabled
EOC – Episode of Care
GSA – Geographical Service Area
MPS – Minimum Performance Standard
RBHA – Regional Behavioral Health Authority
SMI – Seriously Mentally Ill

PERFORMANCE STANDARDS

Minimum: 85%
Goal: 95%

The minimum performance standard (MPS) must be met quarterly by each GSA, for both the Child/Adolescent and Adult populations.

METHODOLOGY

Population

Performance is reported for Title XIX/XXI C/A (up to age 21) and Adults (age 21 and older). BHRs included in the measure had a new EOC date during the review quarter. Title XIX and Title XXI fund sources for each population are combined.

Data Source

CIS. A 90-day lag time is applied to this measure to accommodate submission of encounters to CIS. RBHAs have 210 days to submit encounter data to ADHS/DBHS and 120 days to process pending encounter data.

Inclusion Criteria - BHRs eligible to be included in this measure have a new EOC date during the review quarter (other than Crisis EOC).

Review Frequency

Quarterly, based on aggregate performance over a 4-quarter period of time.

Reporting

This outcome indicator is calculated and reported by the following:

1. Statewide adult population
2. Statewide children and adolescent population
3. Statewide combined populations
4. GSA combined populations

Calculation

1. Statewide adult population –
 Numerator: The statewide (all GSAs) number of adult BHRs with an open EOC during the review period and a corresponding initial assessment encounter within 45 days of the EOC date for whom there is a service encounter within 23 days after the assessment date.
 Denominator: The statewide (all GSAs) number of adult BHRs with an open EOC during the review period and a corresponding initial assessment encounter within 45 days of the EOC date.
2. Statewide children and adolescent population –
 Numerator: The statewide (all GSAs) number of child and adolescent BHRs with an open EOC during the review period and a corresponding initial assessment encounter within 45 days of the EOC date for whom there is a service encounter within 23 days after the assessment date.
 Denominator: The statewide (all GSAs) number of child and adolescent BHRs with an open EOC during the review period and a corresponding initial assessment encounter within 45 days of the EOC date.
3. Statewide combined populations –
 Numerator: The sum of the numerators for 1 and 2 above.
 Denominator: The sum of the denominators for 1 and 2 above.
4. GSA combined populations –
 Numerator: The sum of the number of GSA-specific adult BHRs with an open EOC during the review period and a corresponding initial assessment encounter within 45 days of the EOC date for whom there is a service encounter within 23 days after the assessment date and the number of GSA-specific child and adolescent BHRs with an open EOC during the review period and a corresponding initial assessment encounter within 45 days of the EOC date for whom there is a service encounter within 23 days after the assessment date.

Denominator: The sum of the number of GSA-specific adult BHRs with an open EOC during the review period and a corresponding initial assessment encounter within 45 days of the EOC date and the number of GSA-specific child and adolescent BHRs with an open EOC during the review period and a corresponding initial assessment encounter within 45 days of the EOC date.

OPERATIONAL DEFINITIONS

1. Assessment

- The ongoing collection and analysis of a person's medical, psychological, psychiatric, and social condition in order to initially determine if a behavioral health disorder exists and, consequently, a need for behavioral health services which will ensure that the person's service plan is designed to meet the person's (and family's) current needs and long-term goals. The assessment date is obtained from encounter data. The following codes are used to identify an assessment:
 - a. CPT Codes: 90801, 90802, 96101, 96102, 96103, 96110, 96111, 96115, 96116, 96117, 96118, 96119, 96120, 99241, 99242, 99243, 99244, 99245, 99201, 99202, 99203, 99204, 99205
 - b. HCPCS Codes: H0002, H0031

2. Encounter

A record of a service rendered by a registered AHCCCS provider to an AHCCCS enrolled BHR. RBHAs have 210 days to submit encounter data to ADHS/DBHS and 120 days to process pending encounter data.

3. First Service

- A first service is the earliest service provided to the BHR on or after the date of the initial assessment and is obtained from encounter data. There are limitations on the type of billable service rendered within 23 days after assessment that qualify as a first service **if it occurs on the same day as the assessment**. The following comprehensive behavioral health service categories are **excluded** as a first service if it occurs on the same day as the assessment.
 - A. 2. Assessment, Evaluation and Screening Services
 - B. 3. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)
 - B. 4. Psychoeducational Services and Ongoing Support to Maintain Employment
 - C. 2. Laboratory, Radiology and Medical Imaging
 - C. 4. Electro-Convulsive Therapy
 - D. 8. Sign Language or Oral Interpretive Services
 - D. 9. Non-Medically Necessary Covered Services (Flex Fund Services)
 - D. 10. Transportation
 - G. 3. Mental Health Services NOS (Room and Board)
 - I. Prevention Services

BHRs may receive any covered service on the same day as the initial assessment, but only included services will be considered in calculation of the performance measure.

An assessment provided a minimum of one (1) day after the initial assessment would qualify as a first service.

See Attachment A at the end of this data dictionary for procedure codes that are included/excluded from qualifying as a first service **after** the day of the initial assessment.

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS/DBHS' CIS is ensured through pre-processor edits and random data validation review of BHR medical charts. ADHS/DBHS may identify a statistically significant random sample of BHRs who meet the numerator criteria and require that the RBHA submit documentation for validation purposes or perform such validation through on-site visits. RBHA's are required to perform data validation studies quarterly on their providers in accordance with established schedules. Each record must be reviewed for omission, correctness and timeliness errors. In addition, the Quarterly Data Validation reports will be scored as part of the RBHA's yearly Administrative Review. <http://www.azdhs.gov/bhs/ops.pdf>.

STATISTICS TESTING

ADHS/DBHS conducts testing to a .95 standard for statistically significant changes in performance on all measurement sets. A standard two tailed T test is conducted on each data set to assess for significant changes from Measurement 1 (first review period) to Measurement 2 (second review period). For data collected quarterly, the test is for change from Quarter 1 of the State Fiscal Year as compared to Quarter 4 of the same Fiscal Year. For data collected twice annually, the test covers the first review to the second review. As needed, based on individual Contractor performance, ADHS/DBHS conducts an analysis of variance (ANOVA) across Contractors to identify statistically significant variance in Contractor performance in order to identify areas for process and performance improvement.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the RBHA level, and is not presented at an individual BHR level.

BEHAVIORAL HEALTH SERVICE PLAN

DESCRIPTION

Behavioral health recipients' assessments are current and complete with service plans that incorporate the needs and service recommendations identified in their assessments.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services

BHP – Behavioral Health Professional

BHR – Behavioral Health Recipient

C/A – Child/Adolescent

CIS – Client Information Systems

DD – Developmentally Disabled

EOC – Episode of Care

GMH – General Mental Health

GSA – Geographical Service Area

HIPAA – Health Insurance Portability and Accountability Act

MPS – Minimum performance standard

OPI – Office of Performance Improvement

SA – Substance Abuse

SMI – Seriously Mentally Ill

T/RBHA – Tribal/Regional Behavioral Health Authority

PERFORMANCE STANDARDS

Minimum: 85%

Goal: 95%

The minimum performance standard (MPS) must be met quarterly by each GSA for both the Child/Adolescent and Adult populations. DD-enrolled clients are flagged for separate reporting. DD-enrolled clients are identified in CIS by DD in the CIS ELIG_GRP field or if the ELIG_GRP field is blank, by S in the “Contract Type” field.

METHODOLOGY

Population

Title XIX/XXI C/A (up to age 21) and Adults (age 21 and older).

Review Frequency

RBHAs quarterly; Tribal BHAs semi-annually.

Data Source

CIS, BHR record review.

Inclusion/Exclusion Criteria

BHRs eligible for this measure (denominator) have a continuously open episode of care on the first day of the review quarter and for at least 90 consecutive days during the 6 months prior, and have received a service during the previous 6 months other than transportation, lab, radiology, pharmacy, methadone, inpatient service, or crisis. Crisis EOCs are excluded. Clients eligible to be included in the denominator sample are pulled by provider type 77 (outpatient clinic).

Sampling

Samples are drawn randomly at the RBHA level using a 95% confidence level with a 5% error rate utilizing the most current active EOC data for each population in the RBHA. The RBHAs' yearly samples are divided by four (4) to represent quarterly samples for each population.

Reporting

This performance indicator is calculated and reported by the following:

1. Statewide adult population
2. Statewide children and adolescent population
3. Statewide combined populations
4. RBHA combined populations

Calculation

1. Statewide adult population –
 Numerator: The statewide (all RBHAs) number of sampled adult BHR records with a current and complete assessment and a service plan that incorporates the needs and service provision recommendations identified in the assessment.
 Denominator: The number of sampled adult BHR records.
2. Statewide children and adolescent population –
 Numerator: The statewide (all RBHAs) number of sampled child and adolescent BHR records with a current and complete assessment and a service plan that incorporates the needs and service provision recommendations identified in the assessment.
 Denominator: The number of sampled child and adolescent BHR records.
3. Statewide combined populations –
 Numerator: The sum of the number of statewide sampled adult BHR records with a current and complete assessment and a service plan that incorporates the needs and service provision recommendations identified in the assessment and the number of statewide sampled child and adolescent BHR records with a current and complete assessment and a service plan that incorporates the needs and service provision recommendations identified in the assessment.
 Denominator: The sum of the number of sampled adult BHR records and the number of sampled child and adolescent BHR records.

4. RBHA combined populations –

Numerator: The sum of the number of RBHA-specific sampled adult BHR records with a current and complete assessment and a service plan that incorporates the needs and service provision recommendations identified in the assessment and the number of RBHA specific sampled child and adolescent BHR records with a current and complete assessment and a service plan that incorporates the needs and service provision recommendations identified in the assessment.

Denominator: The sum of the number of sampled adult BHR records and the number of sampled child and adolescent BHR records.

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS/DBHS' Client Information System (CIS) is ensured through pre-processor edits and random data validation review of behavioral health recipient medical charts. ADHS/DBHS Office of Performance Improvement staff provides technical assistance and conduct inter-rater reliability exercises with each RBHA on this performance measure to improve understanding of the calculations and improved application of the measure.

STATISTICS TESTING

ADHS/DBHS conducts testing to a .95 standard for statistically significant changes in performance on all measurement sets. A standard two tailed T test is conducted on each data set to assess for significant changes from Measurement 1 (first review period) to Measurement 2 (second review period). For data collected quarterly, the test is for change from Quarter 1 of the State Fiscal Year as compared to Quarter 4 of the same Fiscal Year. For data collected twice annually, the test covers the first review to the second review. As needed, based on individual Contractor performance, ADHS/DBHS conducts an analysis of variance (ANOVA) across Contractors to identify statistically significant variance in Contractor performance in order to identify areas for process and performance improvement.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the RBHA level, and is not presented at an individual client level.

COORDINATION OF CARE

DESCRIPTION

Behavioral health service providers communicate with and attempt to coordinate care with the behavioral health recipient's Arizona Health Care Cost Containment System Acute Health Plan/PCP.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services

AHCCCS – Arizona Health Care Cost Containment System

BHR – Behavioral Health Recipient

C/A – Child/Adolescent

CIS – ADHS Client Information System

DD – Developmentally Disabled

DUG – ADHS/DBHS Demographic Data Set Users Guide

GSA – Geographical Service Area

MPS – Minimum Performance Standard

PCP – Primary Care Provider

SMI – Seriously Mentally Ill

MINIMUM PERFORMANCE STANDARD

Minimum: 70%

Goal: 90%

The minimum performance standard (MPS) must be met quarterly by each GSA for both the C/A and Adult populations.

METHODOLOGY

Population

Performance is reported for Title XIX/XXI C/A (up to age 21) and Adults (21 and over) with any Axis III diagnosis as described in the DUG and all SMIs.

Title XIX and Title XXI fund sources for each population are combined.

Data Source

CIS.

Reporting Frequency

Quarterly.

Inclusion Criteria – BHRs eligible to be included in this measure have an open EOC on the first day of the review quarter, had a continuously open EOC at least 90 days during the previous 6 months, and received a service during the previous 6 months other than transportation, lab, radiology, pharmacy, inpatient service, methadone treatment, or crisis.

Sampling

Samples are drawn randomly at the RBHA level using a 95% confidence level with a 5% error rate utilizing the most current active EOC data for each population in the RBHA. The RHBAs' yearly samples are divided by four (4) to represent quarterly samples for each population.

Reporting

This outcome indicator is calculated and reported by the following:

1. Statewide adult population
2. Statewide children and adolescent population
3. Statewide combined populations
4. GSA combined populations

Calculation

1. Statewide adults –
 Numerator: The statewide (all GSAs) number of sampled adult BHR records containing documentation of coordination of care, including all required elements of documentation.
 Denominator: The number of sampled adult BHR records.
2. Statewide children and adolescents –
 Numerator: The statewide (all GSAs) number of sampled child and adolescent BHR records containing documentation of coordination, including all required elements of documentation.
 Denominator: The number of sampled child and adolescent BHR records.
3. Statewide combined populations –
 Numerator: The sum of the number of statewide (all GSAs) sampled adult BHR records containing documentation of coordination of care including all required elements of documentation and the number of statewide (all GSAs) sampled child and adolescent BHR records containing documentation of coordination of care including all required elements of documentation.
 Denominator: The sum of the number of sampled adult BHR records and the number of sampled child and adolescent BHR records.
4. GSA combined populations –
 Numerator: The sum of the number of GSA-specific sampled adult BHR records containing documentation of coordination of care including all required elements of documentation and the number of GSA-specific sampled child and adolescent BHR

records containing documentation of coordination of care including all required elements of documentation.

Denominator: The sum of the number of GSA-specific sampled adult BHR records and the number of GSA-specific sampled child and adolescent BHR records.

For the purpose of determining if the record meets the requirements for coordination of care, a minimum of one of the following must be evidenced in the record:

1. ADHS/DBHS PM Form 4.3.1, Communication Document, or similar document completed in its entirety. PM Form 4.3.1 can be accessed in Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers, of the ADHS/DBHS Provider Manual at www.azdhs.gov/bhs/provider/sec4_3.pdf.
2. Progress Note containing a header entitled “Coordination of Care”, dated and typed or legibly written, that clearly identifies the occurrence of required communication, the minimum required elements of the communication (current diagnosis and prescribed medications, including strength and dosage) and the date the communication was forwarded to the Health Plan/PCP.

The evidence must be dated to correspond with dates of the review quarter. For example, if the review period is Quarter 1 FY11 (July 1, 2010 through September 30, 2010), the evidence would correspond if it was dated between October 1, 2009 and September 30, 2010.

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS/DBHS’ CIS is ensured through pre-processor edits and random data validation review of behavioral health recipient medical charts. ADHS/DBHS may identify a statistically significant random sample of behavioral health recipients who meet the numerator criteria and require that the RBHA submit documentation for validation purposes or perform such validation through on-site visits. RBHA’s are required to perform data validation studies quarterly on their providers in accordance with established schedules. Each record must be reviewed for omission, correctness and timeliness errors. In addition, the Quarterly Data Validation reports will be scored as part of the RBHA’s yearly Administrative Review. <http://www.azdhs.gov/bhs/ops.pdf>.

CONSUMER SURVEY OUTCOMES

DESCRIPTION

Results of the Annual MHSIP Consumer Survey are used to determine performance on two Outcomes indicators:

1. Are individuals and families satisfied with their access to services?
2. Did individuals and families participate in their treatment planning?

METHODOLOGY

Population

Two MHSIP Consumer Surveys are administered: one for Title XIX/XXI adults and one for the parents/ guardians of Title XIX/XXI children receiving behavioral health services. Title XIX and Title XXI fund sources for each population are combined.

Reporting Frequency

Annually.

Reporting

The two Outcomes indicator scores are calculated and reported by the following:

5. Statewide adult population
6. Statewide youth population
7. Statewide combined populations
8. GSA combined populations

Calculation

The indicator “Are clients satisfied with their access to services?” is calculated using responses to the questions in the Access to Services domain. See Survey Protocol section for details on domain scoring, weighting for statewide scores, and questions included in the Access to Services domain.

1. Statewide adult population –
 Numerator: the statewide number of adult positive responses for the Access to Services domain.
 Denominator: the statewide total number of adult responses for the Access to Services domain.
2. Statewide youth population –
 Numerator: the statewide number of youth positive responses for the Access to Services domain.
 Denominator: the statewide total number of youth responses for the Access to Services domain.

3. Statewide combined populations

Numerator: the sum of the statewide number of adult positive responses for the Access to Services domain and the statewide number of youth positive responses for the Access to Services domain.

Denominator: the sum of the statewide total number of adult responses for the Access to Services domain and the statewide total number of youth responses for the Access to Services domain.

4. GSA combined populations

Numerator: the sum of the GSA-specific number of adult positive responses for the Access to Services domain and the GSA-specific number of youth positive responses for the Access to Services domain

Denominator: the sum of the GSA-specific total number of adult responses for the Access to Services domain and the GSA-specific total number of youth responses for the Access to Services domain.

The indicator “Did clients participate in their treatment planning?” is calculated using responses to the questions in the Participation in Treatment Planning domain. See Survey Protocol section for details on domain scoring, weighting for statewide scores, and questions included in the Participation in Treatment Planning domain.

1. Statewide adults

Numerator: the statewide number of adult positive responses for the Participation in Treatment Planning domain

Denominator: the statewide total number of adult responses for the Participation in Treatment Planning domain.

2. Statewide youth

Numerator: the statewide number of youth positive responses for the Participation in Treatment Planning domain

Denominator: the statewide total number of youth responses for the Participation in Treatment Planning domain.

3. Statewide combined populations

Numerator: the sum of the statewide number of adult positive responses for the Participation in Treatment Planning domain and the statewide number of youth positive responses for the Participation in Treatment Planning domain

Denominator: the sum of the statewide total number of adult responses for the Participation in Treatment Planning domain and the statewide total number of youth responses for the Participation in Treatment Planning domain.

4. GSA combined populations

Numerator: the sum of the GSA-specific number of adult positive responses for the Participation in Treatment Planning domain and the GSA-specific number of youth positive responses for the Participation in Treatment Planning domain

Denominator: the sum of the GSA-specific total number of adult responses for the Participation in Treatment Planning domain and the GSA-specific total number of youth responses for the Participation in Treatment Planning domain.

SURVEY PROTOCOL

Survey Instruments

The two MHSIP survey instruments are the Adult Consumer Survey and the Youth Services Survey for Families (YSS-F). The adult survey is administered to adult consumers of behavioral health services and the YSS-F is administered to parents/guardians of children receiving behavioral health services.

The MHSIP Adult Consumer Survey measures seven domains: (1) Service Accessibility; (2) Service Quality or Appropriateness (which includes one item concerning cultural sensitivity); (3) Consumer Participation in Treatment Planning; (4) Outcomes; (5) General Satisfaction; (6) Improved Functioning; and (7) Social Connectedness. In addition, the questionnaire includes a module of questions to determine the impact of services received on the recipient's involvement with the criminal justice system. All questions are scored using a Likert Scale of 1 through 5 as follows: 1=Strongly Agree, 2=Agree, 3=Neutral, 4=Disagree, and 5=Strongly Disagree. A Not Applicable option is also available if the question does not apply.

The MHSIP YSS-F focuses on the following seven domain areas: (1) Service Accessibility; (2) Participation in Treatment Planning; (3) Cultural Sensitivity; (4) Satisfaction with Services; (5) Outcomes; (6) Social Connectedness; and (7) Improved Functioning. Additional questions solicit information about the youth's criminal justice contact and school attendance. Questions are scored with a five-point Likert Scale where 1=Strongly Agree, 2=Agree, 3=Neutral, 4=Disagree, and 5=Strongly Disagree. A Not Applicable option is also available if the question does not apply.

Both survey tools have four main sections: (1) demographic section, (2) MHSIP survey questions, (3) one state-added question pertaining to cultural sensitivity, and (4) open-ended qualitative section.

The demographic section provides descriptive information about the consumer's age, gender, race, ethnicity, and relationship of the person completing the survey to the service recipient.

The second section of the survey contains the MHSIP standardized questions. They serve as benchmark tools to compare consumer perception of behavioral health systems across the nation.

The third section consists of one state-added question that asks for consumer input regarding the inclusion of cultural preferences in the consumer's treatment planning.

The fourth and final section of the survey contains open-ended questions to solicit consumer comments. Two questions are asked of consumers – focusing on identifying what has been most helpful with their services, and what the consumer believes would improve services. The section entitled other comments is intended to provide consumers with an additional area on the survey to provide open-ended feedback on any issue.

Languages

The survey is made available to consumers in English and Spanish languages. Each survey form is printed in English on one side and Spanish on the reverse side. For consumers with limited English proficiency and speak a language other than Spanish, the RBHA and/or the provider administering the survey is instructed to extend their best effort to translate the survey in the consumer's preferred language by utilizing the Language Line or other translation/interpretation services officially utilized by the RBHA or their provider. The extent of assistance provided in language translation should not attempt to define what the question means.

Sampling Design

The sample frame refers to the population eligible to take the survey. This is the pool from which ADHS/DBHS randomly selects the sampled population. ADHS/DBHS creates an adult and a youth sample from the CIS database for each GSA. Clients 18 or older are grouped as adults, and clients under 18 are grouped as youth. The adult clients may be enrolled in any program: General Mental Health, Substance Abuse, or Seriously Mentally Ill.

The sample frame is composed of:

- (a) Client must be enrolled in FY2010;
- (b) Client must be Title XIX or Title XXI eligible in FY2010;
- (c) Client must have received a mental health service other than inpatient, transportation, laboratory and/or radiology services, or crisis;
- (d) The service must have occurred in the previous 6 months.

Drawing of Sample

ADHS/DBHS creates a random sample and provides each GSA with a list of 500 adult and 400 to 500 youth clients to be surveyed. ADHS/DBHS provides the RBHAs with a database to store the survey results.

The RBHA disseminates the surveys, tracking which consumers did and did not complete a survey with the reason for non completion. The RBHA enters the survey data into the provided database and submits to ADHS/DBHS: the completed paper surveys, the database containing all survey results, the database detailing which consumers completed a survey and for every consumer that did not complete a survey, the reason the survey was not completed. The RBHAs enter data into the two ADHS/DBHS provided databases.

The provider agency is responsible for identifying the specific provider location or site from which the consumer is presently receiving services.

Distribution Method

The primary distribution method is a non-clinical staff at the provider office (i.e., clinic) handing the survey questionnaire to the consumer. As the consumer checks in for their appointment, s/he is provided with a copy of the survey questionnaire to complete. If the consumer agrees to participate, s/he is requested to complete the survey prior to his/her appointment. If the consumer is unable to complete the questionnaire, s/he is allowed to finish it on site after the appointment or be provided with an addressed, stamped envelope to

mail the survey in if they did not have time to complete it in the office. A drop box is provided on site for completed surveys. Additionally, a specific area at the provider office is designated for completing the survey.

If the individual randomly selected has a scheduled appointment at home during the survey window, the provider staff takes the survey questionnaire at the appointment date. If the consumer agrees to participate, s/he is advised to complete the survey after the staff leaves and mail the completed questionnaire to the RBHA using the pre-addressed, stamped envelope provided with the survey.

If the individual does not have an appointment during the survey window, a non-clinical staff at the RBHA may conduct the survey over the phone. As an alternative, a non-clinical staff at the provider site may contact the consumer by phone to ask for their participation in the survey, offering a return envelope for the completed survey to be mailed. All return envelopes provided as a means for the consumer to submit their completed survey must be addressed to the RBHA.

A check box in the questionnaire is used to track the distribution method. The adult survey is administered to the adult consumer. If the individual requests assistance, a guardian may complete the questionnaire on the consumer's behalf. The YSS-F is administered to the parent/guardian of the child receiving services. If the parent or guardian is not at the appointment, then the survey is not provided.

Tribal RBHAs participate in the Annual Consumer Survey by way of a convenience sampling of their enrolled consumers.

Survey Timeframe

The survey is usually administered for a period of two months, April and May.

Roles and Responsibilities

ADHS/DBHS is responsible for the statewide oversight of the survey administration to ensure consistent implementation of the survey protocol. The protocol, client sample, survey instruments, and survey results database are created by ADHS/DBHS. ADHS/DBHS provides any needed technical assistance throughout the survey process. Periodic monitoring, training, timelines, and use of checklist are utilized to guide the T/RBHAs on critical points in the process.

The T/RBHAs have the primary responsibility for ensuring that the protocol is precisely followed within their geographic regions. Direct oversight and assistance are provided by the T/RBHAs to their providers. The T/RBHAs are to ensure that the providers are appropriately trained and prepared to administer the survey. The RBHAs enter data into the two ADHS/DBHS provided databases.

Each provider agency is primarily responsible for each of its sites in which the survey is administered. Each site maintains all necessary materials for survey administration. At each site, a drop box and a designated area are provided for consumers to complete the survey. Providers are also responsible for the day-to-day operations – including having the survey

tools, materials for completing the survey (pens, pencils, clipboards), envelopes for return of the survey if needed, assigned resources for administration and collection of data for the survey.

Scoring Protocol

The scoring protocol recommended by MHSIP is utilized for evaluating the domain areas within the survey, as follows:

1. Recode ratings of 'not applicable' as missing values.
2. For each survey, exclude domains with one-third or more of the domain questions missing.
3. Calculate the mean of the items for each respondent.
4. Calculate the percent of scores that are less than 2.5 for positive responses.

Weighting Methodology

The statewide data is weighted by GSA client population to compensate for the stratified sample collection. Weights are applied to the survey data prior to any statewide data analysis.

ACCESS TO SERVICES DOMAIN QUESTIONS

Adult

Q4: The location of services was convenient (parking, public transportation, distance, etc.)

Q5: Staff were willing to see me as often as I felt it was necessary.

Q6: Staff returned my call in 24 hours.

Q7: Services were available at times that were good for me.

Q8: I was able to get all the services I thought I needed.

Q9: I was able to see a psychiatrist when I wanted to.

Youth

Q8: The location of services was convenient for us.

Q9: Services were available at times that were convenient for us.

PARTICIPATION IN TREATMENT PLANNING DOMAIN QUESTIONS

Adult

Q11: I felt comfortable asking questions about my treatment and medication.

Q17: I, not staff, decided my treatment goals.

Youth

Q2: I helped to choose my child's services.

Q3: I helped to choose my child's treatment goals.

Q6: I participated in my child's treatment.

STATISTICS TESTING

ADHS/DBHS conducts testing to a .95 standard for statistically significant changes in performance on all measurement sets. A standard two tailed T test is conducted on each data set to assess for significant changes from Measurement 1 (first review period) to Measurement 2 (second review period). For data collected quarterly, the test is for change from Quarter 1 of the State Fiscal Year as compared to Quarter 4 of the same Fiscal Year. For data collected twice annually, the test covers the first review to the second review. As needed, based on individual Contractor performance, ADHS/DBHS conducts an analysis of variance (ANOVA) across Contractors to identify statistically significant variance in Contractor performance in order to identify areas for process and performance improvement.

CONFIDENTIALITY PLAN

The front page of the survey questionnaire addresses confidentiality of the responses. Survey results are aggregated and not presented at an individual consumer level. The providers will never have access to completed surveys or individual survey results. Thematic analysis is conducted on written comments.

NATIONAL OUTCOME MEASURES (NOMs)

DESCRIPTION

Behavioral health recipients' (BHRs) demographic outcome data is compiled and analyzed for statistically significant change from the BHR's initial Episode of Care data to the BHR's annual psychosocial assessment update or end Episode of Care data.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services

BHC – Behavioral Health Category

BHR – Behavioral Health Recipient

CIS – Client Information Systems

EOC – Episode of Care

GSA – Geographical Service Area

HIPAA – Health Insurance Portability and Accountability Act

T/RBHA – Tribal/Regional Behavioral Health Authority

PURPOSE

To document and compare outcomes across populations and GSAs over multiple review periods (fiscal years) to ascertain positive or negative trends in service outcomes.

METHODOLOGY

Population

All BHRs with an open EOC during the reporting fiscal year.

Review Frequency

Annually

Data Source

CIS

Record Selection

BHRs eligible for this measure (denominator) had an open EOC during the reporting fiscal year. No sample is drawn. Data is based on all BHRs with an open EOC during the reporting fiscal year who have valid begin EOC data and update or end EOC data in CIS. The population number (n) may change with each measure based on the availability of demographic data for both begin EOC and update or end EOC data for the required field. The data is analyzed (by GSA and BHC), and an annual report is completed by fiscal year.

Timeline**1. Quarter 2 following close of reporting Fiscal Year**

ADHS/DBHS analyzes CIS data to establish the BHRs eligibility and an initial report is produced.

2. Quarter 3 following close of reporting Fiscal Year

The final report is completed and distributed at this time. Final report is utilized for internal monitoring of systems.

Reporting

NOMs outcome data is calculated and reported by the following:

1. Statewide adults – number of adults reported by all GSAs combined
2. Statewide children and adolescents – number of children and adolescents reported by all GSAs combined
3. Statewide combined populations – sum of number of adults reported by all GSAs combined and number of children and adolescents reported by all GSAs combined.
4. GSA combined populations

Calculation

For each of the four outcome stratifications under “Reporting”, NOMs are calculated as follows:

Employment

For NOMs Performance, Employment is determined by coding CIS Field 66 as Follows: Values of 01, 02, 03, 04, 24, 25 = Employed; Blanks and 99 = System Missing; Else = Not Employed

Numerator: Number of BHRs employed at begin EOC.

Denominator: Number of BHRs with complete begin EOC data and an update or end EOC data in CIS with valid employment field descriptors for both the begin EOC date and the update or end EOC data.

Numerator: Number of BHRs employed at update.

Denominator: Number of BHRs with complete begin EOC data and an update or end EOC data in CIS with valid employment field descriptors for both the begin EOC data and the update or end EOC data.

Numerator: Number of BHRs employed at end EOC.

Denominator: Number of BHRs with complete begin EOC data and an update or end EOC data in CIS with valid employment field descriptors for both the begin EOC data and the update or end EOC data.

The difference in percentage from begin EOC to update or end EOC is described as positive (+) or negative (-) percent change from begin EOC status.

Educational Participation

For NOMs Performance, Educational Participation is determined by coding CIS Field 67 as Follows: Values of Y = In School; N = Not in School; Blanks = System Missing

Numerator: Number of BHRs identified as attending a school or vocational program in the Education data field at begin EOC.

Denominator: Number of BHRs with complete begin EOC data and an update or in CIS with valid education field descriptors for both the begin EOC data and the update or end EOC data.

Numerator: Number of BHRs identified as attending a school or vocational program in the Education data field at update

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid education field descriptors for both the begin EOC data and the update or end EOC data.

Numerator: Number of BHRs identified as attending a school or vocational program in the Education data field at end EOC.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid education field descriptors for both the begin EOC data and the update or end EOC data.

The difference in percentage from begin EOC to update or end EOC is described as positive (+) or negative (-) percent change from begin EOC status.

Housing

For NOMs Performance, Housing Status is determined by coding CIS Field 69 as Follows: Blank = System Missing; 07 = Homeless; Else = in Stable Housing

Numerator: Number of BHRs identified in the Primary Residence data field as homeless at begin EOC.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid housing field descriptors for both the begin EOC data and the update or end EOC data.

Numerator: Number of BHRs identified in the Primary Residence data field as homeless at update.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid housing field descriptors for both the begin EOC data and the update or end EOC data.

Numerator: Number of BHRs identified in the Primary Residence data field as homeless at end EOC.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid housing field descriptors for both the begin EOC data and the update or end EOC data.

The difference in percentage from begin EOC to update or end EOC is described as positive (+) or negative (-) percent change from begin EOC status.

Criminal Activity

For NOMs Performance, Criminal Activity is determined by coding CIS Field 71 as Follows: 0 = No Recent Arrest; Else = Recently Arrested; Blanks and 99 = System Missing.

Numerator: Number of BHRs arrested at begin EOC.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid criminal activity field descriptors for both the begin EOC data and the update or end EOC data.

Numerator: Number of BHRs arrested at update.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid criminal activity field descriptors for both the begin EOC data and the update or end EOC data.

Numerator: Number of BHRs arrested at end EOC.

Denominator: Number of BHRs with complete begin EOC data and an update in CIS with valid criminal activity field descriptors for both the begin EOC data and the update or end EOC data.

The difference in percentage from begin EOC to update or end EOC is described as positive (+) or negative (-) percent change from begin EOC status.

Substance Abstinence

For NOMs Performance, client must have a valid primary substance type (CIS Field 72 is not equal to '0001') in both the initial and update/closure demographic record. Abstinence is indicated by a value of '1', '6', '7' or '8' in the SA_FREQ_1 (CIS 73) field (Blank = System Missing).

Numerator: Number of BHRs with a valid Primary Substance abstinent at begin EOC.

Denominator: Number of BHRs with a valid Primary Substance with complete begin EOC data and an update or end EOC in CIS.

Numerator: Number of BHRs with a valid Primary Substance abstinent at update.

Denominator: Number of BHRs with a valid Primary Substance with complete begin EOC data and an update or end EOC in CIS.

Numerator: Number of BHRs with a valid Primary Substance abstinent at end EOC.

Denominator: Number of BHRs with a valid Primary Substance with complete begin EOC data and an update or end EOC in CIS.

The difference in percentage from begin EOC to update or end EOC is described as positive (+) or negative (-) percent change from begin EOC status.

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS/DBHS' Client Information System (CIS) is ensured through pre-processor edits and random data validation review of behavioral health recipient medical charts.

STATISTICS TESTING

ADHS/DBHS conducts testing to a .95 standard for statistically significant changes in performance on all measurement sets. A standard two tailed T test, or Chi Square depending on variability in denominator size, is conducted on each data set to assess for significant changes from Measurement 1 (first review period) to Measurement 2 (second review period). For data collected quarterly, the test is for change from Quarter 1 of the State Fiscal Year as compared to Quarter 4 of the same Fiscal Year. For data collected twice annually, the test covers the first review to the second review. As needed, based on individual Contractor performance, ADHS/DBHS conducts an analysis of variance (ANOVA) across Contractors to identify statistically significant variance in Contractor performance in order to identify areas for process and performance improvement.

LENGTH OF STAY AND READMISSIONS

DESCRIPTION

1. Length of Stay – The number of days a Behavioral Health Recipient remained in a Level I facility or Level I Residential Treatment Center from admission to discharge.
 2. Readmission – The number of readmissions to a Level I facility or Level I Residential Treatment Center within 30 days of discharge from the same facility level.
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ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services
BHR – Behavioral Health Recipient
BQMO – Bureau of Quality Management Operations
C/A - Child/Adolescent
GMH - General Mental Health
GSA - Geographical Service Area
HCTC - Home Care Training To Home Care Client
HIPAA - Health Insurance Portability and Accountability Act
LOS - Length(s) of Stay
RBHA – Regional Behavioral Health Authority
RTC – Residential Treatment Center
SA - Substance Abuse
SMI - Serious Mental Illness

METHODOLOGY

Population

All Title XIX/XXI C/A (up to age 21) and Adult BHRs (age 21 and over) and Non-TXIX/XXI SMI Adult BHRs who were discharged from a Level I or Level I RTC facility during the review period.

Reporting Frequency

Data is collected monthly by the RBHA and reported to ADHS/DBHS quarterly.

Data Source

RBHA inpatient/residential tracking logs.

Reporting

This outcome indicator is calculated and reported by the following:

5. Statewide adults – number of adults reported by all GSAs combined
6. Statewide children and adolescents – number of children and adolescents reported by all GSAs combined
7. Statewide combined populations – sum of number of adults reported by all GSAs combined and number of children and adolescents reported by all GSAs combined.
8. GSA combined populations

Length of Stay Calculation

1. Statewide adults –
 - a. Add the number of authorized days (discharge date minus admit date) for all adult BHRs discharged from Level I facilities during the review period, as reported by each GSA.
 - b. If there is a (re)admission date same day as or one day following the discharge date (transfer), it is considered one stay – remove the first discharge.
2. Statewide children and adolescents –
 - a. Add the number of authorized days (discharge date minus admit date) for all C/A BHRs discharged from Level I and Level I RTC facilities during the review period, as reported by each GSA.
 - b. If there is a (re)admission date same day as or one day following the discharge date (transfer), it is considered one stay – remove the first discharge.
3. Statewide combined populations –
 - a. Add the number of authorized days (discharge date minus admit date) for all adult BHRs discharged from Level I facilities during the review period as reported by all GSAs combined and the number of authorized days (discharge date minus admit date) for all C/A BHRs discharged from Level I and Level I RTC facilities during the review period as reported by all GSAs combined.
4. GSA combined populations –
 - a. For each GSA, add the number of authorized days (discharge date minus admit date) for all adult BHRs discharged from Level I facilities during the review period and the number of authorized days (discharge date minus admit date) for all C/A BHRs discharged from Level I and Level I RTC facilities during the review period.

Readmission Calculation

1. Statewide adults –
 - a. Add the number of all adult BHRs discharged from a Level I facility during the review period, as reported by each GSA
 - b. If there is a (re)admission to a Level I facility same day as or one day following discharge date (transfer), it is considered one stay – remove the first discharge.
 - c. Count all records showing a readmission date within 2-30 days of the discharge date.

Numerator: Number of statewide adult BHRs readmitted to a Level I facility.

Denominator: Number of statewide adult BHRs discharged from a Level I facility.

2. Statewide children and adolescents –
 - a. Add the number of all C/A BHRs discharged from Level I and Level I RTC facilities during the review period, as reported by each GSA
 - b. If there is a (re)admission to the same level facility same day as or one day following discharge date (transfer), it is considered one stay – remove the first discharge.
 - c. Count all records showing a readmission date within 2-30 days of the discharge date.

Numerator: Number of statewide C/A BHRs readmitted to Level I and Level I RTC facilities.

Denominator: Number of statewide C/A BHRs discharged from Level I and Level I RTC facilities.

3. Statewide combined populations –
 - a. Add the number of statewide adult BHRs discharged from Level I facilities during the review period and the number of statewide C/A BHRs discharged from Level I and Level I RTC facilities during the review period.
 - b. If there is a (re)admission to the same level facility same day as or one day following discharge day (transfer), it is considered one stay – remove the first discharge.
 - c. Count all records showing a readmission date within 2-30 days of the discharge date.

Numerator: The sum of the number of statewide adult BHRs discharged from Level I facilities during the review period and the number of statewide C/A BHRs discharged from Level I and Level I RTC facilities during the review.

Denominator: The sum of the number of statewide adult BHRs discharged from Level I facilities and the number of statewide C/A BHRs discharged from Level I and Level I RTC facilities.

4. GSA combined populations –
 - a. For each GSA, add the number of adult BHRs discharged from Level I facilities during the review period and the number of C/A BHRs discharged from Level I and Level I RTC facilities during the review period.
 - b. If there is a (re)admission to the same level facility same day as or one day following discharge day (transfer), it is considered one stay – remove the first discharge.
 - c. Count all records showing a readmission date within 2-30 days of the discharge date.

QUALITY CONTROL

RBHAs are responsible for verifying the accuracy of the data submitted for this measure and may be required to submit verification to ADHS/DBHS upon request. ADHS/DBHS may identify a statistically significant random sample of behavioral health recipients and require

that the RBHA submit documentation for validation purposes or perform such validation through on-site visits.

Quarterly files submitted by the RBHAs and processed at ADHS/DBHS electronically are checked programmatically for data errors. Errors are identified as erroneous or missing data in any of the required fields. Files containing errors are returned to the RBHA for correction. Errors are recorded and tracked by ADHS/DBHS. RBHAs are subject to corrective action, up to and including sanctions if the error rate exceeds 5% for two consecutive quarters.

STATISTICS TESTING

ADHS/DBHS conducts testing to a .95 standard for statistically significant changes in performance on all measurement sets. A standard two tailed T test is conducted on each data set to assess for significant changes from Measurement 1 (first review period) to Measurement 2 (second review period). For data collected quarterly, the test is for change from Quarter 1 of the State Fiscal Year as compared to Quarter 4 of the same Fiscal Year. For data collected twice annually, the test covers the first review to the second review. As needed, based on individual Contractor performance, ADHS/DBHS conducts an analysis of variance (ANOVA) across Contractors to identify statistically significant variance in Contractor performance in order to identify areas for process and performance improvement.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

GEOGRAPHIC ANALYSIS OF OUTPATIENT CLINIC SERVICE GAPS

DESCRIPTION

ADHS/DBHS uses an electronic geographic mapping system (GIS) to create a client density map to visually assess where outpatient service gaps (clients living more than 15 miles from an Outpatient Clinic) are located.

METHODOLOGY

Population

All clients who had an open episode of care in the ADHS/DBHS Client Information System (CIS) during the fiscal year previous to which the report is produced.

The client density maps are broken out by adults (age 18 and older) and children (up to age 18).

Reporting Frequency

Annually.

Data Source

ADHS/DBHS Client Information System (CIS);

Annually updated RBHA Provider lists.

Purpose

This report is one of several methods used to analyze the availability of outpatient clinics to client's enrolled in the Arizona public behavioral health system. Available outpatient clinics are located on the map; clients with a street address reported in CIS are located on the map, and the density of clients within a 15 mile radius of each outpatient clinic is reported.

ADHS/DBHS utilizes this data to establish distance/travel standards and density standards for access to outpatient clinics.

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
97781	Include	Acupuncture w stimulation	Treatment Services	Other Professional
97780	Include	Acupuncture w/o stimulation	Treatment Services	Other Professional
H0001	Include	Alcohol and/or drug assessment	Treatment Services	Consultation, Assessment and Specialized Testing
H0020	Include	Alcohol and/or drug services; methadone administration and/or ser	Medical Services	Medication Services
00104	Include	Anesthesia for ECT	Medical Services	Medication Services
W4084	Include	Behavioral health day program-medical (6 hours or more) (per day)	Behavioral Health Day Programs	Medical
W4081	Include	Behavioral health day program-medical (6 hours or more) (per day)	Behavioral Health Day Programs	Medical
W4082	Include	Behavioral health day program-medical (60 min.)	Behavioral Health Day Programs	Medical
W4079	Include	Behavioral health day program-medical (60 min.)	Behavioral Health Day Programs	Medical
W4083	Include	Behavioral health day program-medical (min of 3 hours and less th	Behavioral Health Day Programs	Medical
W4080	Include	Behavioral health day program-medical (min of 3 hours and less th	Behavioral Health Day Programs	Medical
W4072	Include	Behavioral health day program-supervised (6 hours or more) (per d	Behavioral Health Day Programs	Supervised
W4070	Include	Behavioral health day program-supervised (60 min.)	Behavioral Health Day Programs	Supervised
W4071	Include	Behavioral health day program-supervised (min. of 3 hours and les	Behavioral Health Day Programs	Supervised
W4078	Include	Behavioral health day program-therapeutic (6 hours or more) (per	Behavioral Health Day Programs	Therapeutic
W4075	Include	Behavioral health day program-therapeutic (6 hours or more) (per	Behavioral Health Day Programs	Therapeutic
W4076	Include	Behavioral health day program-therapeutic (60 min.)	Behavioral Health Day Programs	Therapeutic
W4073	Include	Behavioral health day program-therapeutic (60 min.)	Behavioral Health Day Programs	Therapeutic
W4077	Include	Behavioral health day program-therapeutic (min. of 3	Behavioral Health	Therapeutic

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

		hours and le	Day Programs	
W4074	Include	Behavioral health day program-therapeutic (min. of 3 hours and le	Behavioral Health Day Programs	Therapeutic
H0019	Include	Behavioral health long-term residential (non-medical, Non-acute),	Residential Services	Level III Behavioral Health Residen
H0018	Include	Behavioral health short-term residential, without room and board	Residential Services	Level II Behavioral Health Resident
90901	Include	Biofeedback training by any modality	Treatment Services	Other Professional
W4042	Include	Case management office (15 min.)	Support Services	Case Management
W4043	Include	Case management out of office (15 min.)	Support Services	Case Management
W4040	Include	Case management-behavioral health professional-office (15 min.)	Support Services	Case Management
W4041	Include	Case management-behavioral health professional-out of office (15	Support Services	Case Management
H0036	Include	Community psychiatric supportive treatment day program, face-to-f	Behavioral Health Day Programs	Medical
H0037	Include	Community psychiatric supportive treatment medical day program, p	Behavioral Health Day Programs	Medical
H2016	Include	Comprehensive community support services (peer support), per diem	Support Services	Peer Support
H2015	Include	Comprehensive community support services, supervised day program	Behavioral Health Day Programs	Supervised
H2010	Include	Comprehensive medication services, per 15 minutes	Medical Services	Medication Services
Z3070	Include	Continuous in-home respite care (per day)	Support Services	Respite Care
S9484	Include	Crisis intervention mental health service, per hour	Crisis Intervention Services	Crisis Services
S9485	Include	Crisis intervention mental health services, per diem	Crisis Intervention Services	Crisis Services
W4062	Include	Crisis intervention mobile (1 person/out of office) (30 min.)	Crisis Intervention Services	Mobile
W4063	Include	Crisis intervention mobile team (2 person) (30 min.)	Crisis Intervention Services	Mobile
H2011	Include	Crisis intervention service, per 15 minutes	Crisis Intervention Services	Crisis Services
W4061	Include	Crisis intervention-urgent (5 to 23 hours) (per visit)	Crisis Intervention	Crisis Services

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

			Services	
W4060	Include	Crisis intervention-urgent (up to 5 hours) (30 min.)	Crisis Intervention Services	Crisis Services
97532	Include	Development of cognitive skills to improve attention, memory, pro	Rehabilitation Services	Cognitive Rehabilitation
99333	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99332	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99331	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99323	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99322	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99321	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99324	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99325	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99326	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99327	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99328	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99334	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99335	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99336	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99337	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
80100	Include	Drug screen; multiple drug class	Medical Services	Laboratory, Radiology and Medical Imaging

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

80101	Include	Drug screen; single drug class, each drug class	Medical Services	Laboratory, Radiology and Medical Imaging
80102	Include	Drug, confirmation, each procedure	Medical Services	Laboratory, Radiology and Medical Imaging
99285	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99284	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99283	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99282	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99281	Include	Emergency Dept Visit for the evaluation and management of a patie	Crisis Intervention Services	Crisis Services
99303	Include	Evaluation and management of a new or established patient involvi	Medical Services	Medical Management
99302	Include	Evaluation and management of a new or established patient involvi	Medical Services	Medical Management
99301	Include	Evaluation and management of a new or established patient involvi	Medical Services	Medical Management
99318	Include	Evaluation and management of a patient involving	Medical Services	Medical Management
99318	Include	Evaluation and management of a patient involving an annual	Treatment Services	Assessment, Evaluation and
90847	Include	family psychotherapy (conjoint psychotherapy, with patient presen	Treatment Services	Counseling, Family
90846	Include	Family psychotherapy (without the patient present)	Treatment Services	Counseling, Family
W4046	Include	Family support (30 min.)	Support Services	Family Support
99263	Include	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Inpatient Services, Professional
99262	Include	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Inpatient Services, Professional
99261	Include	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Inpatient Services, Professional
S5140	Include	Foster care adult, per diem	Support Services	Therapeutic Foster Care
S5145	Include	Foster care child, per diem	Support Services	Therapeutic Foster Care

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

90853	Include	Group psychotherapy (other than of a multiple-family group) (per	Treatment Services	Counseling, Group
S5110	Include	Home care training, family (family support), per 15 minutes	Prevention Services	Prevention
99343	Include	Home visit for the evaluation and management of a new patient whi	Medical Services	Medical Management
99342	Include	Home visit for the evaluation and management of a new patient whi	Medical Services	Medical Management
99341	Include	Home visit for the evaluation and management of a new patient whi	Medical Services	Medical Management
99345	Include	Home visit for the evaluation and management of a new patient, wh	Medical Services	Medical Management
99344	Include	Home visit for the evaluation and management of a new patient, wh	Medical Services	Medical Management
99350	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
99349	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
99348	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
99347	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
H0004	Include	Home, individual behavioral health counseling and therapy, per 15	Treatment Services	Counseling, Individual
99238	Include	Hospital discharge day management	Inpatient Services	Inpatient Services, Professional
99239	Include	Hospital discharge day management; more than 30 minutes	Inpatient Services	Inpatient Services, Professional
90880	Include	Hypnotherapy	Treatment Services	Counseling, Individual
90876	Include	Individual psychophysiological therapy incorporating biofeedback	Treatment Services	Other Professional
90875	Include	Individual psychophysiological therapy incorporating biofeedback	Treatment Services	Other Professional
90808	Include	Individual psychotherapy, insight oriented, behavior modifying an	Treatment Services	Counseling, Individual
90806	Include	Individual psychotherapy, insight oriented, behavior modifying an	Treatment Services	Counseling, Individual

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

90804	Include	Individual psychotherapy, insight oriented, behavior modifying an	Treatment Services	Counseling, Individual
90822	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Inpatient Services, Professional
90821	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Inpatient Services, Professional
90819	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Inpatient Services, Professional
90818	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Inpatient Services, Professional
90817	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Inpatient Services, Professional
90816	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Inpatient Services, Professional
90809	Include	Individual psychotherapy, insight oriented, behavior modifying an	Medical Services	Medical Management
90807	Include	Individual psychotherapy, insight oriented, behavior modifying an	Medical Services	Medical Management
90805	Include	Individual psychotherapy, insight oriented, behavior modifying an	Medical Services	Medical Management
90814	Include	Individual psychotherapy, interactive, using play equipment, phys	Treatment Services	Counseling, Individual
90812	Include	Individual psychotherapy, interactive, using play equipment, phys	Treatment Services	Counseling, Individual
90810	Include	Individual psychotherapy, interactive, using play equipment, phys	Treatment Services	Counseling, Individual
90829	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Inpatient Services, Professional
90828	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Inpatient Services, Professional
90827	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Inpatient Services, Professional
90826	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Inpatient Services, Professional
90824	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Inpatient Services, Professional
90823	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Inpatient Services, Professional

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

90815	Include	Individual psychotherapy, interactive, using play equipment, phys	Medical Services	Medical Management
90813	Include	Individual psychotherapy, interactive, using play equipment, phys	Medical Services	Medical Management
90811	Include	Individual psychotherapy, interactive, using play equipment, phys	Medical Services	Medical Management
W2152	Include	In-home family therapy/counseling(15 min.)	Treatment Services	Counseling, Family
W2151	Include	In-home individual therapy/counseling	Treatment Services	Counseling, Individual
99223	Include	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Inpatient Services, Professional
99222	Include	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Inpatient Services, Professional
99221	Include	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Inpatient Services, Professional
99255	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Inpatient Services, Professional
99254	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Inpatient Services, Professional
99253	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Inpatient Services, Professional
99252	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Inpatient Services, Professional
99251	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Inpatient Services, Professional
99304	Include	Initial nursing facility care, per day,	Treatment Services	Assessment, Evaluation and
99305	Include	Initial nursing facility care, per day,	Treatment Services	Assessment, Evaluation and
99306	Include	Initial nursing facility care, per day,	Treatment Services	Assessment, Evaluation and
99304	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99305	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99306	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99220	Include	Initial observation care, per day for the evaluation and manageme	Inpatient Services	Inpatient Services, Professional

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

99219	Include	Initial observation care, per day for the evaluation and manageme	Inpatient Services	Inpatient Services, Professional
99218	Include	Initial observation care, per day, for the evaluation and managem	Inpatient Services	Inpatient Services, Professional
J0515	Include	Injection, Benztropine Mesylate, per 1mg	Medical Services	Medication Services
J1200	Include	Injection, Diphenhydramine HCL, up to 50 mg	Medical Services	Medication Services
J2680	Include	Injection, fluphenazine decanoate, up to 25 mg.	Medical Services	Medication Services
J1631	Include	Injection, Haloperidol decanoate, per 50 mg.	Medical Services	Medication Services
J1630	Include	Injection, Haloperidol, up to 5 mg	Medical Services	Medication Services
J3410	Include	Injection, Hydroxyzine HCL, up to 25 mg	Medical Services	Medication Services
90857	Include	Interactive group psychotherapy (per member)	Treatment Services	Counseling, Group
90802	Include	Interactive psychiatric diagnostic interview examination using pl	Treatment Services	Consultation, Assessment and Specialized Testing
90887	Include	Interpretation or explanation of results of psychiatric, other me	Support Services	Case Management
S7001	Include	Interpreter services to assist clients	Support Services	Interpreter Services
W4031	Include	Job coaching and employment support (15 min.)	Rehabilitation Services	Supported Employment
W4051	Include	Level II behavioral health residential facility (per day)	Residential Services	Level II Behavioral Health Resident
W4052	Include	Level III behavioral health residential facility (per day)	Residential Services	Level III Behavioral Health Residen
W4006	Include	Living skills training individual (30 min.)	Rehabilitation Services	Living Skills Training
W4016	Include	Living skills training-extended (1 hour)	Rehabilitation Services	Living Skills Training
W4015	Include	Living skills training-group (per person) (30 min.)	Rehabilitation Services	Living Skills Training
T1003	Include	LPN Services, up to 15 minutes	Medical Services	Medical Management
90845	Include	Medical psychoanalysis-no units specified	Treatment Services	Counseling, Individual
W2101	Include	Methadone/LAAM administration (single dose one per day)	Medical Services	Medication Services

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
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W2102	Include	Methadone/LAAM administration (take home one dose per day)	Medical Services	Medication Services
90849	Include	Multiple-family group psychotherapy (per family)	Treatment Services	Counseling, Family
S6001	Include	Native American traditional healing services (15 minutes)	Treatment Services	Other Professional
96116	Include	Neurobehavioral behavioral status exam (clinical assessment of thinking, reasoning and	Treatment Services	Assessment, Evaluation and
96118	Include	Neurobehavioral behavioral status exam (clinical assessment of thinking, reasoning and	Treatment Services	Assessment, Evaluation and
96119	Include	Neurobehavioral behavioral status exam (clinical assessment of thinking, reasoning and	Treatment Services	Assessment, Evaluation and
96120	Include	Neurobehavioral behavioral status exam (clinical assessment of thinking, reasoning and	Treatment Services	Assessment, Evaluation and
99236	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Inpatient Services, Professional
99235	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Inpatient Services, Professional
99234	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Inpatient Services, Professional
T1016	Include	Office case management by behavioral health professional, each 15	Support Services	Case Management
99215	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99214	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99213	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99212	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99211	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99205	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99204	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99203	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99202	Include	Office or other outpatient visit for the evaluation and	Medical Services	Medical Management

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

		managemen		
99201	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
W2350	Include	Office/clinic therapy and counseling-family(15 min.)	Treatment Services	Counseling, Family
W2351	Include	Office/clinic therapy and counseling-group (per member)(15 min.)	Treatment Services	Counseling, Group
W2300	Include	Office/clinic therapy and counseling-individual (15 min.)	Treatment Services	Counseling, Individual
W4047	Include	Peer support (30 min.)	Support Services	Peer Support
W4048	Include	Peer support-extended (60 min.)	Support Services	Peer Support
W4049	Include	Peer support-group (per person 30 min.)	Support Services	Peer Support
Z3050	Include	Personal assistance	Support Services	Personal Assistance
W4044	Include	Personal assistance (30 min.)	Support Services	Personal Assistance
W4045	Include	Personal assistance extended (60 min.)	Support Services	Personal Assistance
T1019	Include	Personal care services, per 15 minutes (not for inpatient or resi	Support Services	Personal Assistance
T1020	Include	Personal care services, per diem (not for inpatient or residentia	Support Services	Personal Assistance
90862	Include	Pharmacologic management, including prescription, use, and review	Medical Services	Medical Management
W4030	Include	Pre-job training education and development (15 min.)	Rehabilitation Services	Supported Employment
99355	Include	Prolonged physician service in the office or other outpatient set	Medical Services	Medical Management
99354	Include	Prolonged physician service in the office or other outpatient set	Medical Services	Medical Management
99357	Include	Prolonged physician services in the inpatient setting, requiring	Inpatient Services	Inpatient Services, Professional
99356	Include	Prolonged physician services in the inpatient setting, requiring	Inpatient Services	Inpatient Services, Professional
90801	Include	Psychiatric diagnostic interview examination, unit unspecified.	Treatment Services	Consultation, Assessment and Specialized Testing
96101	Include	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities,	Treatment Services	Assessment, Evaluation and

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

		personality and psychopathology		
96102	Include	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology	Treatment Services	Assessment, Evaluation and
96103	Include	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology	Treatment Services	Assessment, Evaluation and
H2017	Include	Psychosocial rehabilitation living skills training services, per	Rehabilitation Services	Living Skills Training
W2100	Include	Psychotropic medication, adjustment and monitoring (15 min.)	Medical Services	Medical Management
J2794	Include	Risperidone Injection, long lasting 0.5 MG	Medical Services	Medication Services
S0163	Include	Risperidone Injection, long lasting 12.5 MG	UNKNOWN	UNKNOWN
T1002	Include	RN services, up to 15 minutes	Medical Services	Medical Management
H0038	Include	Self-help/peer services (peer support), per 15 minutes	Support Services	Peer Support
Z3060	Include	Short term in-home respite care (60 min.)	Support Services	Respite Care
H2014	Include	Skills training and development, per 15 minutes	Rehabilitation Services	Living Skills Training
99233	Include	Subsequent hospital care, per day, for the evaluation and managem	Inpatient Services	Inpatient Services, Professional
99232	Include	Subsequent hospital care, per day, for the evaluation and managem	Inpatient Services	Inpatient Services, Professional
99231	Include	Subsequent hospital care, per day, for the evaluation and managem	Inpatient Services	Inpatient Services, Professional
99307	Include	Subsequent nursing facility care, per day,	Treatment Services	Assessment, Evaluation and
99308	Include	Subsequent nursing facility care, per day,	Treatment Services	Assessment, Evaluation and
99309	Include	Subsequent nursing facility care, per day,	Treatment Services	Assessment, Evaluation and
99310	Include	Subsequent nursing facility care, per day,	Treatment Services	Assessment, Evaluation and
99307	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99308	Include	Subsequent nursing facility care, per day, for the	Medical Services	Medical Management

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

		evaluation		
99309	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99310	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
H2012	Include	Supervised behavioral health day treatment, per hour up to 5 hour	Behavioral Health Day Programs	Supervised
H0043	Include	Supported Housing	Support Services	Housing Support Services
S2015	Include	Supportive housing assistance	Support Services	Housing Support Services
H2019	Include	Therapeutic behavioral services day program, per 15 minutes up to	Behavioral Health Day Programs	Therapeutic
H2020	Include	Therapeutic behavioral services, per diem	Behavioral Health Day Programs	Therapeutic
W4050	Include	Therapeutic foster care service (per day)	Support Services	Therapeutic Foster Care
90782	Include	Therapeutic or diagnostic injection (specify material injected);	Medical Services	Medication Services
90772	Include	Therapeutic, prophylactic or diagnostic injection	Medical Services	Medication Services
99199	Include	Unlisted special service report	Treatment Services	Other Professional
S5150	Include	Unskilled respite care, not hospice, per 15 minutes	Support Services	Respite Care
S5151	Include	Unskilled respite care, not hospice, per diem	Support Services	Respite Care
H0034	Exclude	(Health promotion) medication training and support, per 15 minute	Rehabilitation Services	Health Promotion
82055	Exclude	Alcohol (ethanol), blood, urine	Medical Services	Laboratory, Radiology and Medical Imaging
82075	Exclude	Alcohol (ethanol), breath	Medical Services	Laboratory, Radiology and Medical Imaging
A0398	Exclude	ALS routine disposable supplies	Support Services	Transportation
A0422	Exclude	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaini	Support Services	Transportation
A0427	Exclude	Ambulance service, advanced life support, emergency transport, le	Support Services	Transportation
A0426	Exclude	Ambulance service, advanced life support, non-emergent. transport	Support Services	Transportation

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 Routine Appointments for Ongoing Services within 23 Days of Assessment
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A0431	Exclude	Ambulance service, conventional air services, transport, one way	Support Services	Transportation
A0430	Exclude	Ambulance service, conventional air services, transport, one way	Support Services	Transportation
A0429	Exclude	Ambulance service; basic life support base rate, emergent. transp	Support Services	Transportation
A0428	Exclude	Ambulance service; basic life support base rate, non-emergency tr	Support Services	Transportation
A0420	Exclude	Ambulance waiting time (ALS or BLS), 1/2 hour increments	Support Services	Transportation
Z3648	Exclude	Ambulatory van, rural base rate	Support Services	Transportation
Z3621	Exclude	Ambulatory van, urban base rate	Support Services	Transportation
80152	Exclude	Amitriptyline	Medical Services	Laboratory, Radiology and Medical Imaging
82145	Exclude	Amphetamine or methamphetamine, chemical, quantitative	Medical Services	Laboratory, Radiology and Medical Imaging
86701	Exclude	Antibody; HIV-1	Medical Services	Laboratory, Radiology and Medical Imaging
86703	Exclude	Antibody; HIV-1 and HIV-2, single assay	Medical Services	Laboratory, Radiology and Medical Imaging
86702	Exclude	Antibody; HIV-2	Medical Services	Laboratory, Radiology and Medical Imaging
86689	Exclude	Antibody; HTLV or HIV antibody, confirmatory test (eg, WES)	Medical Services	Laboratory, Radiology and Medical Imaging
W4005	Exclude	Assessment comprehensive(30 min.)	Treatment Services	Consultation, Assessment and Specialized Testing
W4001	Exclude	Assessment general(30 min.)	Treatment Services	Consultation, Assessment and Specialized Testing
W4002	Exclude	Assessment rehabilitative employment support (30 min.)	Treatment Services	Consultation, Assessment and Specialized Testing
S9000	Exclude	Auricular Acupuncture	Treatment Services	Other Professional
82205	Exclude	Barbiturate, not elsewhere specified	Medical Services	Laboratory, Radiology and Medical Imaging

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 Routine Appointments for Ongoing Services within 23 Days of Assessment
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80048	Exclude	Basic metabolic panel	Medical Services	Laboratory, Radiology and Medical Imaging
H0025	Exclude	Behavioral health prevention/promotion education service (service)	Rehabilitation Services	Health Promotion
H0002	Exclude	Behavioral health screening to determine eligibility for admission	Treatment Services	Consultation, Assessment and Specialized Testing
80154	Exclude	Benzodiazepines	Medical Services	Laboratory, Radiology and Medical Imaging
85009	Exclude	Blood count; differential WBC count, buffy coat	Medical Services	Laboratory, Radiology and Medical Imaging
85014	Exclude	Blood count; hematocrit	Medical Services	Laboratory, Radiology and Medical Imaging
85018	Exclude	Blood count; hemoglobin, colorimetric	Medical Services	Laboratory, Radiology and Medical Imaging
85027	Exclude	Blood count; hemogram and platelet count, automated	Medical Services	Laboratory, Radiology and Medical Imaging
85025	Exclude	Blood count; hemogram and platelet count, automated, and automate	Medical Services	Laboratory, Radiology and Medical Imaging
85008	Exclude	Blood count; manual blood smear examination without differential	Medical Services	Laboratory, Radiology and Medical Imaging
85007	Exclude	Blood count; manual differential WBC count (inc. RBC morphology a)	Medical Services	Laboratory, Radiology and Medical Imaging
85013	Exclude	Blood count; spun microhematocrit	Medical Services	Laboratory, Radiology and Medical Imaging
A0382	Exclude	BLS routine disposable supplies	Support Services	Transportation
80156	Exclude	Carbamazepine	Medical Services	Laboratory, Radiology and Medical Imaging
82465	Exclude	Cholesterol, serum or whole blood, total	Medical Services	Laboratory, Radiology and Medical Imaging
82520	Exclude	Cocaine, quantitative	Medical Services	Laboratory, Radiology and Medical Imaging
36415	Exclude	Collection of venous blood by venipuncture	Laboratory, Radiology and Medical Imaging	Medical Management
80053	Exclude	Comprehensive metabolic panel	Medical Services	Laboratory, Radiology and Medical Imaging

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 Routine Appointments for Ongoing Services within 23 Days of Assessment
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70470	Exclude	Computerized axial tomography, head or brain: w/o contrast materi	Medical Services	Laboratory, Radiology and Medical Imaging
70460	Exclude	Computerized axial tomography, head or brain: with contrast mater	Medical Services	Laboratory, Radiology and Medical Imaging
99275	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Consultation, Assessment and Specialized Testing
99274	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Consultation, Assessment and Specialized Testing
99273	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Consultation, Assessment and Specialized Testing
99272	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Consultation, Assessment and Specialized Testing
99271	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Consultation, Assessment and Specialized Testing
82530	Exclude	Cortisol, free	Medical Services	Laboratory, Radiology and Medical Imaging
82533	Exclude	Cortisol, total	Medical Services	Laboratory, Radiology and Medical Imaging
82570	Exclude	Creatinine (other than serum)	Medical Services	Laboratory, Radiology and Medical Imaging
82575	Exclude	Creatinine clearance	Medical Services	Laboratory, Radiology and Medical Imaging
82565	Exclude	Creatinine; blood	Medical Services	Laboratory, Radiology and Medical Imaging
82607	Exclude	Cyanocobalamin (Vitamin B12)	Medical Services	Laboratory, Radiology and Medical Imaging
80160	Exclude	Desipramine	Medical Services	Laboratory, Radiology and Medical Imaging
96111	Exclude	Developmental testing: extended (includes assessment of motor, I	Treatment Services	Consultation, Assessment and Specialized Testing
96110	Exclude	Developmental testing; limited (eg, developmental screening test	Treatment Services	Consultation, Assessment and

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
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				Specialized Testing
80420	Exclude	Dexamethasone suppression panel, 48 hour	Medical Services	Laboratory, Radiology and Medical Imaging
80166	Exclude	Doxepin	Medical Services	Laboratory, Radiology and Medical Imaging
93010	Exclude	Electrocardiogram, routine ECG with at least 12 leads; interpreta	Medical Services	Laboratory, Radiology and Medical Imaging
93000	Exclude	Electrocardiogram, routine ECG with at least 12 leads; with inter	Medical Services	Laboratory, Radiology and Medical Imaging
93005	Exclude	Electrocardiogram, routine ECG with at least 12 leads; without in	Medical Services	Laboratory, Radiology and Medical Imaging
90871	Exclude	Electroconvulsive therapy (includes necessary monitoring); multi	Medical Services	Electro-convulsive Therapy
90870	Exclude	Electroconvulsive therapy (includes necessary monitoring); singl	Medical Services	Electro-convulsive Therapy
95819	Exclude	Electroencephalogram (EEG) including recording awake and asleep,	Medical Services	Laboratory, Radiology and Medical Imaging
80051	Exclude	Electrolyte panel	Medical Services	Laboratory, Radiology and Medical Imaging
90882	Exclude	Environmental intervention for medical management purposes on a p	Support Services	Case Management
A0435	Exclude	Fixed wing air mileage, per statute mile	Support Services	Transportation
S6000	Exclude	Flex Funded Service	Support Services	Flex Fund Services
82742	Exclude	Flurazepam	Medical Services	Laboratory, Radiology and Medical Imaging
82746	Exclude	Folic Acid	Medical Services	Laboratory, Radiology and Medical Imaging
80050	Exclude	General health panel	Medical Services	Laboratory, Radiology and Medical Imaging
82948	Exclude	Glucose, blood, reagent strip	Medical Services	Laboratory, Radiology and Medical Imaging
82947	Exclude	Glucose, quantitative, blood (except reagent strip)	Medical Services	Laboratory, Radiology and Medical Imaging
82977	Exclude	Glutamyltransferase (GGT)	Medical Services	Laboratory, Radiology and Medical Imaging
84703	Exclude	Gonadotropin, chorionic (HCG), qualitative	Medical Services	Laboratory, Radiology and Medical Imaging

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 Routine Appointments for Ongoing Services within 23 Days of Assessment
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A0425	Exclude	Ground mileage, per mile	Support Services	Transportation
W4020	Exclude	Health promotion (per person) (30 min.)	Rehabilitation Services	Health Promotion
Z3715	Exclude	Helicopter taxi, non-emergency,	Support Services	Transportation
80076	Exclude	Hepatic function panel	Medical Services	Laboratory, Radiology and Medical Imaging
80174	Exclude	Imipramine	Medical Services	Laboratory, Radiology and Medical Imaging
87391	Exclude	Infectious agent antigen detection by enzyme immunoassay techniqu	Medical Services	Laboratory, Radiology and Medical Imaging
87390	Exclude	Infectious agent antigen detection by enzyme immunoassay techniqu	Medical Services	Laboratory, Radiology and Medical Imaging
80061	Exclude	Lipid Panel	Medical Services	Laboratory, Radiology and Medical Imaging
80178	Exclude	Lithium	Medical Services	Laboratory, Radiology and Medical Imaging
70552	Exclude	Magnetic resonance imaging, brain; with contrast material	Medical Services	Laboratory, Radiology and Medical Imaging
70551	Exclude	Magnetic resonance imaging, brain; without contrast material	Medical Services	Laboratory, Radiology and Medical Imaging
70553	Exclude	Magnetic resonance imaging, brain; without contrast material, fol	Medical Services	Laboratory, Radiology and Medical Imaging
99362	Exclude	Medical conference by a physician with interdisciplinary team of	Support Services	Case Management
99361	Exclude	Medical conference by a physician with interdisciplinary team of	Support Services	Case Management
H0031	Exclude	Mental health assessment, by non-physician 30 minute increments	Treatment Services	Consultation, Assessment and Specialized Testing
H0046	Exclude	Mental Health Services NOS	Residential Services	Room and Board
83840	Exclude	Methadone	Medical Services	Laboratory, Radiology and Medical Imaging
96115	Exclude	Neurobehavioral status exam (clinical assessment of thinking, rea	Treatment Services	Consultation, Assessment and Specialized Testing
96117	Exclude	Neuropsychological testing battery (eg, Halstead-Reitan, Luria, W	Treatment Services	Consultation, Assessment and

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
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				Specialized Testing
T2049	Exclude	Non emergency transport, stretcher van	Support Services	Transportation
Z3717	Exclude	Non-ambulance waiting time (per half hour)	Support Services	Transportation
A0888	Exclude	Non-covered ambulance mileage, per mile (E.G. for miles traveled)	Support Services	Transportation
Z3655	Exclude	Non-covered ground ambulance mileage, per mile (miles traveled be	Support Services	Transportation
A0110	Exclude	Non-emergency transport via intra- or interstate carrier	Support Services	Transportation
A0200	Exclude	Non-emergency transport: ancillary services-lodging - escort	Support Services	Transportation
A0180	Exclude	Non-emergency transport: ancillary services-lodging-recipient	Support Services	Transportation
A0210	Exclude	Non-emergency transport: ancillary services-meals-escort	Support Services	Transportation
A0190	Exclude	Non-emergency transport: ancillary services-meals-recipient	Support Services	Transportation
A0170	Exclude	Non-emergency transport: ancillary services-parking fees, tolls,	Support Services	Transportation
A0140	Exclude	Non-emergency transport; and air travel (private or commercial) i	Support Services	Transportation
A0160	Exclude	Non-emergency transport; mile - case worker or social worker	Support Services	Transportation
A0100	Exclude	Non-emergency transport; taxi, intra-city, base rate	Support Services	Transportation
A0130	Exclude	Non-emergency transport; wheel-chair van., base rate	Support Services	Transportation
S0215	Exclude	Non-emergency transportation mileage, per mile	Support Services	Transportation
T2005	Exclude	Non-emergency transportation, non-ambulatory stretcher van	Support Services	Transportation
A0090	Exclude	Non-emergency transportation, per mile, vehicle provided by indiv	Support Services	Transportation
A0120	Exclude	Non-emergency transportation: mini-bus, mountain area transports	Support Services	Transportation
T2003	Exclude	Non-emergency transportation; encounter/trip	Support Services	Transportation
80182	Exclude	Nortriptyline	Medical Services	Laboratory, Radiology and Medical Imaging

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 Routine Appointments for Ongoing Services within 23 Days of Assessment
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S9986	Exclude	Not medically necessary service, pt aware that services not medic	Crisis Intervention Services	Crisis Services
99315	Exclude	Nursing facility discharge day management, 30 minutes or less	Medical Services	Medical Management
99316	Exclude	Nursing facility discharge day management, more than 30 minutes.	Medical Services	Medical Management
99217	Exclude	Observation care Discharge Day Management	Inpatient Services	Inpatient Services, Professional
99245	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Consultation, Assessment and Specialized Testing
99244	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Consultation, Assessment and Specialized Testing
99243	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Consultation, Assessment and Specialized Testing
99242	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Consultation, Assessment and Specialized Testing
99241	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Consultation, Assessment and Specialized Testing
H2025	Exclude	Ongoing support to maintain employment, per 15 minutes	Rehabilitation Services	Supported Employment
H2026	Exclude	Ongoing support to maintain employment, per diem	Rehabilitation Services	Supported Employment
83925	Exclude	Opiates (morphine, meperidine)	Medical Services	Laboratory, Radiology and Medical Imaging
83992	Exclude	Phencyclidine (PCP)	Medical Services	Laboratory, Radiology and Medical Imaging
84022	Exclude	Phenothiazines	Medical Services	Laboratory, Radiology and Medical Imaging
84132	Exclude	Potassium; blood	Medical Services	Laboratory, Radiology and Medical Imaging
90889	Exclude	Preparation of report of patient's psychiatric status, history, t	Support Services	Case Management
Z3610	Exclude	Private vehicle, per mile	Support Services	Transportation

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
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84146	Exclude	Prolactin	Medical Services	Laboratory, Radiology and Medical Imaging
99359	Exclude	Prolonged evaluation and management service before and/or after d	Medical Services	Medical Management
99358	Exclude	Prolonged evaluation and management service before and/or after d	Medical Services	Medical Management
H2027	Exclude	Psychoeducational service (pre-job training and development), per	Rehabilitation Services	Supported Employment
96100	Exclude	Psychological testing (includes psychodiagnostic assessment of pe	Treatment Services	Consultation, Assessment and Specialized Testing
80299	Exclude	Quantitation of psychotropic drug, NOS	Medical Services	Laboratory, Radiology and Medical Imaging
70450	Exclude	Radiology/brain Tomography W/o	Medical Services	Laboratory, Radiology and Medical Imaging
93042	Exclude	Rhythm ECG, one to three leads, interpretation and report only	Medical Services	Laboratory, Radiology and Medical Imaging
93041	Exclude	Rhythm ECG, one to three leads, tracing only	Medical Services	Laboratory, Radiology and Medical Imaging
93040	Exclude	Rhythm ECG, one to three leads, with interpretation and report	Medical Services	Laboratory, Radiology and Medical Imaging
S2000	Exclude	Room and Board	Residential Services	Room and Board
A0436	Exclude	Rotary wing air mileage, per statute mile	Support Services	Transportation
G0001	Exclude	Routine venipuncture or finger/heel/ear stick for collection of s	Medical Services	Laboratory, Radiology and Medical Imaging
Z3643	Exclude	Rural, non-emergency transport coach van, per mile	Support Services	Transportation
Z3646	Exclude	Rural, stretcher van, base rate	Support Services	Transportation
Z3647	Exclude	Rural, stretcher van, per mile	Support Services	Transportation
Z3644	Exclude	Rural, wheelchair van, base rate	Support Services	Transportation
Z3645	Exclude	Rural, wheelchair van, per mile	Support Services	Transportation
W4003	Exclude	Screening(15 min.)	Treatment Services	Consultation, Assessment and Specialized Testing
85652	Exclude	Sedimentation rate, erythrocyte; automated	Medical Services	Laboratory, Radiology and Medical Imaging

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 Routine Appointments for Ongoing Services within 23 Days of Assessment
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85651	Exclude	Sedimentation rate, erythrocyte; non-automated	Medical Services	Laboratory, Radiology and Medical Imaging
T1013	Exclude	Sign language or oral interpretive services	Support Services	Interpreter Services
Z2999	Exclude	Special transport	Support Services	Transportation
A0434	Exclude	Specialty care transport (SCT)	Support Services	Transportation
99313	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management
99312	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management
99311	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management
86592	Exclude	Syphilis test; qualitative (eg, VDRL, RPR, ART)	Medical Services	Laboratory, Radiology and Medical Imaging
86593	Exclude	Syphilis test; quantitative	Medical Services	Laboratory, Radiology and Medical Imaging
Z3724	Exclude	Taxicab, per mile	Support Services	Transportation
86580	Exclude	TB test (PPD)	Medical Services	Laboratory, Radiology and Medical Imaging
86585	Exclude	TB test tine test	Medical Services	Laboratory, Radiology and Medical Imaging
99371	Exclude	Telephone call by a physician or for consultation or medical mana	Support Services	Case Management
99373	Exclude	Telephone call, complex or lengthy (eg, lengthy counseling sessio	Support Services	Case Management
99372	Exclude	Telephone call, intermediate (eg, to provide advice to an establi	Support Services	Case Management
84443	Exclude	Thyroid stimulating hormone(TSH), RIA or EIA	Medical Services	Laboratory, Radiology and Medical Imaging
84439	Exclude	Thyroxine; free	Medical Services	Laboratory, Radiology and Medical Imaging
84436	Exclude	Thyroxine; total	Medical Services	Laboratory, Radiology and Medical Imaging
T2007	Exclude	Transportation waiting time, air ambulance and non-emergency vehi	Support Services	Transportation
A0999	Exclude	Unlisted ambulance service . Determine if an alternative nationa	Support Services	Transportation

ATTACHMENT A
 Routine Appointments for Ongoing Services within 23 Days of Assessment
 (Service Procedure Codes Included or Excluded as Service Day 2 through 23 Days After Assessment)

99499	Exclude	Unlisted evaluation and management service	Medical Services	Medical Management
90899	Exclude	Unlisted psychiatric service or procedure	Treatment Services	Other Professional
Z3620	Exclude	Urban non-emergency transport, coach van, per mile	Support Services	Transportation
Z3721	Exclude	Urban stretcher van, base rate	Support Services	Transportation
Z3722	Exclude	Urban stretcher van, per mile	Support Services	Transportation
Z3723	Exclude	Urban, wheelchair van, per mile	Support Services	Transportation
84520	Exclude	Urea nitrogen, blood (BUN); quantitative	Medical Services	Laboratory, Radiology and Medical Imaging
81002	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	Laboratory, Radiology and Medical Imaging
81001	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	Laboratory, Radiology and Medical Imaging
81000	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	Laboratory, Radiology and Medical Imaging
81003	Exclude	Urinalysis, without microscopy	Medical Services	Laboratory, Radiology and Medical Imaging
81005	Exclude	Urinalysis; qualitative or semiquantitative, except immunoassays	Medical Services	Laboratory, Radiology and Medical Imaging
82382	Exclude	Urinary catecholamines	Medical Services	Laboratory, Radiology and Medical Imaging
81025	Exclude	Urine pregnancy test, by visual color comparison methods	Medical Services	Laboratory, Radiology and Medical Imaging
80164	Exclude	Valproic Acid	Medical Services	Laboratory, Radiology and Medical Imaging
81050	Exclude	Volume measurement for timed collection, each	Medical Services	Laboratory, Radiology and Medical Imaging
S0209	Exclude	Wheelchair van mileage, per mile	Support Services	Transportation
85048	Exclude	White blood cell (WBC) count	Medical Services	Laboratory, Radiology and Medical Imaging